

COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463
Phone: (804)-367-4515 www.dhp.virginia.gov/nursing

Request to Change License Status: Inactive to Active for RN & LPN

Name:		Phone: ()
Address:		
Email Address:		
City:	State:	Zip:
License #:	Last (4) of SSN:	Date of Birth:
License Expiration Date:		
<p>In accordance with 18 VAC 90-20-10, I hereby declare the following as my primary state of residence and that such constitutes my permanent and principal home for legal purposes.</p> <p>I declare my primary state of residence is: _____</p> <p>By the signature below, I attest to the accuracy of the information provided:</p> <p>Signature: _____ Date: _____</p> <p><u>In accordance with nursing regulation 18 VAC 90-20-225 (B), if license has been in a current-inactive status (*not expired status) for more than 2 years, the following is REQUEST before your license can be made Active again:</u></p> <p><input type="checkbox"/> <u>Completed continuing education requirements:</u> evidence of at least one (1) of the learning activities or courses specified in 18 VAC 90-20-221 during the two (2) years immediately preceding application for reinstatement. Applicable regulation regarding supporting documentation for compliance should be reviewed at: 18 VAC 90-20-222.</p> <p style="text-align: center;">-OR-</p> <p><input type="checkbox"/> Passage of NCLEX during period Virginia license was inactive.</p> <p><u>The Board may waive all or part of the continuing education requirement for a nurse who holds a <i>current, unrestricted license in another state</i> AND who has engaged in <i>active practice</i> during the period the Virginia license was lapsed. Evidence must be provided to request that the VBON waive CE requirements.</u></p> <p><input type="checkbox"/> By checking this box, I am requesting VBON consider waiving continuing education requirements by providing written verification of <u>active licensure</u> and <u>active practice</u> during the time my license was expired to include:</p> <ul style="list-style-type: none">• copy of current license (only for non-NURSYS participating states);• letter from employer on official letterhead verifying name/position/dates of employment;• copy of a recent pay stub with name/position/name of the medical facility.		

If upon verifying your license online through: <https://dhp.virginiainteractive.org/Lookup/Index> it has been in an “expired” status for more than 2 years, you must apply for licensure by Reinstatement.

FEES: Please make check or money order payable to: Treasurer of Virginia

RN - \$140 - Due if updating at time of renewal.

\$70 - Due if license is currently in an inactive status (within 2 year renewal cycle) and \$70 inactive fee was paid previously.

LPN - \$120 - Due if updating at time of renewal.

\$60 - Due if license is currently in an inactive status (within 2 year renewal cycle) and \$60 inactive fee was paid previously.

Revised 8/5/16